

FEB 9 2004 8:40AM

CATALYST LAW GROUP 858 450 9834

NO. 0291 P. 1



4530 La Jolla Village Drive, Suite 220, San Diego, CA 92122 • phone: 858-450-0099 • www.catalystlaw.com

RECEIVED  
CENTRAL FAX CENTER

FEB 20 2004

FACSIMILE TRANSMITTAL SHEET

OFFICIAL

DATE: February <sup>9<sup>sd</sup></sup>, 2004  
TO: USPTO General Facsimile Center  
FROM: Thomas E. Jurgensen, Esq.  
RE: Revocation of Power of Attorney with New Power of Attorney and  
Change of Correspondence Address – Patent Application  
FAX NO: 703-872-9306  
TELEPHONE NO:  
No. Pages Including Fax Cover Sheet:

COMMENTS:

CERTIFICATE OF TRANSMISSION

(37 C.F.R. § 1.8A)

I hereby certify that this paper (along with anything referred to as being attached or enclosed) is being transmitted via facsimile to Fax No. (703) 872-9306, Attn: USPTO General Facsimile Center, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Shar Dirkovich

2/9/04  
Date of Transmission

PLEASE CONTACT THIS OFFICE IMMEDIATELY IF THIS TRANSMISSION IS INCOMPLETE OR UNCLEAR AT (858) 450-0099.

THE INFORMATION CONTAINED IN THIS FAX MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF YOU HAVE RECEIVED THIS INFORMATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE. THANK YOU.

F:\Catalyst Forms\RevocationhangcofAdd.US.doc

PTO/38/93 (04-03)  
Approved for use through 11/30/2005. OMB 0301-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Privacy Act of 1974, no person shall be required to respond to a collection of information unless it displays a valid OMB control number.

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10532,888
	Filing Date	7/31/2003
	First Named Inventor	Charles Zaveri
	Art Unit	1648
	Examiner Name	
	Attorney Docket Number	37898.00002, DIV1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

32301

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

32301

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/38/93)

**SIGNATURE of Applicant or Assignee of Record**

Name Charles Zaveri

Signature

Date

January 5, 2004

Telephone

(310) 532-1000

NOTE: Signatures of all the (inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.56. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES ON COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.